Application for Employment

1/2024

Please complete all pages and print all information requested except signature. Pre-employment drug screening may be required for employment.

Name:						
	Last	First	N	∕liddle	Ma	iden
Present address:						
	Street		City	/	State	Zip Code
How long have you	lived at this address?		_			
Phone number:		_				
If you are under 18	years of age, please list	your current age:				
Position(s) applying	for:					
Type of employmer	nt: 🚨 Full-Time Only	☐ Part-T	ime Only	□ F	ull- or Part-Time	
Hourly pay rate or s	alary desired:		_			
Days/hours availabl	e to work:					
Mon T	ue Wed	Thu Fri	Sat	Sun	No Preference	
How many hours ca	in you work weekly?		_			
Can you work night	s? 🛘 Yes 🗘 No					
When are you avail	able to start working?		_			
Education						
Type of School	Name of School	Location		Number of \ Completed	ears Major & D	egree
High School						
College						
Business or Trade School						
Professional School						

Have you ever been convicted of a crime?	☐ Yes of offense(s) leading to conviction(s), how recently such offense(s)
was/were committed, sentence(s) imposed, an	
Do you have a driver's license? Yes No	
What is your means of transportation to work?	
List two references other than relatives:	
Name:	Name:
Company:	•
Address:	
Position:	
Phone:	Phone:
Military Experience Have you ever been in the armed forces? Are you currently a member of the National Gu Specialty: Date entered:	uard?
Date entered:	Discharge date.
· · · · · · · · · · · · · · · · · · ·	ears beginning with your most recent job held. If you were self-
employed, give firm name. Attach additional shee Employer:	ts ir necessary.
Location:	
Phone:	Supervisor:
Employed from to	
Starting pay:	Ending pay:
Last job title:	
Reason for leaving	
(be specific):	
List the jobs you held, duties performed, skills	used or learned, advancements or promotions while you worked at
this company:	

Employer: Location: Phone: Employed from Starting pay: Last job title: Reason for leaving (be specific):	Supervisor: Ending pay: or learned, advancements or promotions while you worked at Supervisor: Ending pay: or learned, advancements or promotions while you worked at
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this company:	
www.contact.vour.procent.ompleyer2 D.Ves F	
we contact your present employer? \Box Yes	l No.
we contact your previous employer(s)? Yes	1 No

An application sometimes makes it difficult to adequately summarize a complete background. Use the space be summarize any additional information necessary to describe your full qualifications for the specific position for are applying:	
Application Form Waiver (Please read carefully)	
In exchange for the consideration of my job application by Icon Legacy Custom Modular Homes, I agree that:	
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plan statements, and the like as they may exist from time to time, or other Icon legacy Custom Modular Homes practices, shall screate an actual or implied contract of employment, or to confer any right to remain an employee, or otherwise to change respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered exceptivitien instrument signed by the President/General Manager of the Company. Both the undersigned and Icon Legacy Custom Modular Homes may end the employment relationship at any time, without specified notice or reason. If employed, I und that Icon Legacy Custom Modular Homes may unilaterally change or revise their benefits, policies and procedures and such may include reduction in benefits.	es, policy serve to in any opt by a com derstand
l authorize investigation of all statements contained in this application. I understand that the misrepresentation or omissic called for is cause for dismissal at any time without any previous notice. I hereby give Icon Legacy Custom Modular Homes permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby releas Legacy Custom Modular Homes from any liability as a result of such contact.	s, L.L.C.
attest that I am currently unaware and have not been notified by a physician of any physical disabilities or conditions that cause injury to me or another employee. I also confirm that I am physically fit to complete the task which I would be hired perform.	
also understand that (1) Icon Legacy Custom Modular Homes has a drug and alcohol policy that provides for pre-employn testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employme continued employment is based on the successful passing of testing under such policy.	
further understand that my employment with Icon Legacy Custom Modular Homes shall be probationary for a period of n days, and further that at any time during the probationary period or thereafter, my employment relation with Icon Legacy Modular Homes is terminable at will for any reason by either party.	
Signature of Applicant Date	

Icon Legacy Custom Modular Homes is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Icon Legacy Custom Modular Homes depends solely on your qualifications.

Thank you for completing this application and for your interest in our business.